## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/16/2010	Address:	<u>5600 S 900 E</u>
Case #:	<u>42F30241</u>		Columbus IN
County:	Bartholomew		
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c  Residence Outbuilding Vehicle	heck all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: 30lbs			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip CSD
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: Elizabethtown eartment: Bartholomew ection Service:	Fax: Fax: <u>812-3</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Aaron Pfaff</u> Phone <u>317-234-4591</u>			

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.